A guide for General Practitioners

2020 Incorporating published evidence to March 2019

This guide was developed to assist General Practitioners (GPs) in managing aspects of follow-up care and support for women following completion of active treatment for low-risk* endometrial cancer. It provides a general guide to appropriate practice to be followed subject to the clinician's judgement in each individual case.

This guide is based on a review of national and international guidelines for follow-up care for women with low-risk endometrial cancer, and developed with consensus advice of an expert multidisciplinary working group including consumers.

About endometrial cancer recurrence

- Women who have been treated for low-risk endometrial cancer are at risk of local, regional or distant recurrence:
  - rates of recurrence are low, occurring in less than 5% of women and usually within the first 2 to 3 years after diagnosis
  - most recurrences occur locally (i.e. in the vaginal vault), are symptomatic and are highly treatable[1]
  - there is minimal risk of recurrence for a woman who has been asymptomatic for more than 5 years.
- Follow-up care is recommended following completion of active treatment for low-risk endometrial cancer and may be undertaken by specialists or GPs.
- More frequent follow-up is recommended in the first two to three years after treatment, given the increased risk of recurrence within this period.
- Recurrence is best detected by a thorough history and physical examination of the vaginal vault and pelvis.
- Routine tests such as cervical cancer screening or vaginal cytology, CA-125 and radiological examination such as chest X-ray, abdomen ultrasound, CT scan have not been shown to influence patient outcomes in asymptomatic women.[1,2]

Purpose of follow-up care

The purpose of follow-up care following treatment for low-risk endometrial cancer includes:

- early detection of local, regional or distant recurrence
- identification, monitoring and management of treatment-related side effects and co-morbidities. Many women with endometrial cancer are likely to have co-morbidities including obesity, hypertension and diabetes
- detection and management of psychosocial distress, anxiety or depression and impact on sexual wellbeing. Psychosocial and psychosexual issues are common following a diagnosis of endometrial cancer and an individual's needs may change over time
- reviewing and updating family history information in relation to endometrial cancer and co-morbidities
- providing holistic care, including treatments for co-morbidities that may be appropriate for the woman
- exploring and managing the woman's expectations and supporting her to openly discuss the care, support and information she needs.

Role of the GP

A GP may undertake some or all aspects of follow-up care in collaboration with relevant specialists. Regardless of who undertakes follow-up care, GPs should be aware of potential sequelae of endometrial cancer treatment and remain alert for co-morbidities and issues requiring further investigation and management.

Addressing co-morbidities including obesity-related issues, hypertension and diabetes is important with evidence suggesting that, overall, cardiovascular disease is the leading cause of death among endometrial cancer patients.[3] Interventions and investigations aimed at addressing risk factors for these diseases may have the greatest potential to improve outcomes for women diagnosed with low-risk endometrial cancer.

GPs can provide whole person care to address and co-ordinate the management of co-morbidities. Effective communication between the woman, her GP, treating specialist and multidisciplinary team is important in providing evidence-based, person-centred follow-up care.

Suggested follow-up schedule for asymptomatic women following treatment for early stage low-risk* endometrial cancer[4,5]

METHOD	YEARS 1-2	YEAR 3	YEARS 4-5
History and physical examination	Every 3-6 months	Every 6-12 months	Every 12 months

*as identified by the treating gynaecological cancer multidisciplinary team

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Accepted clinical resource RACGP

What does follow-up care involve?

ASPECT OF CARE	WHAT TO CHECK / DO
History	**Check/confirm:** ▸ General health/new health problems Any **new**, **persistent** or **progressive** symptoms that may indicate recurrence: – Symptoms of local recurrence include: vaginal bleeding, abnormal vaginal discharge, pelvic or abdominal pain – Symptoms of distant recurrence include: unexplained weight loss, persistent cough, shortness of breath, change in bowel habit, nausea, vomiting or bloating ▸ Encourage patients to initiate follow-up appointments between scheduled visits if they experience any symptoms ▸ The majority of recurrences are symptomatic and occur within the first 2 to 3 years ▸ The most common site of recurrence is the vaginal vault
Physical examination	**Perform:** ▸ General physical examination including abdominal, pelvic and gynaecological examination ▸ Digital vaginal examination and if feasible, examination with speculum ▸ Specific examination related to co-morbidities (e.g. obesity) ▸ Refer to specialist gynaecological cancer unit for more detailed examination if recurrence is suspected
Other surveillance methods	▸ Cervical cancer screening or vaginal cytology, blood tests and imaging (including X-ray, computed tomography (CT), positron emission tomography (PET), magnetic resonance imaging (MRI) scans) are **not routinely recommended** unless indicated on suspicion of recurrence ▸ Refer to specialist gynaecological cancer unit for further investigation if recurrence is suspected
Effects of treatment, management of co-morbidities, secondary prevention and other considerations	▸ Identify, monitor and manage effects of treatment, including effects on bladder and bowel function and lymphoedema. An overview of treatment options for endometrial cancer and potential side effects is provided in the *Optimal care pathway for women with endometrial cancer* and *Quick reference guide*. See Useful resources below. ▸ Identify, monitor and manage newly emerging or ongoing co-morbidities as required, including obesity, diabetes and cardiovascular disease ▸ Actively promote secondary prevention strategies and encourage realistic goal-setting (including maintaining a healthy body weight, regular exercise, quitting smoking and limiting alcohol intake) ▸ Women who require management of menopausal symptoms after treatment of endometrial cancer should be managed in consultation with the treating gynaecological cancer team
Psychosocial care	▸ Assess the woman's level of psychosocial distress as well as that experienced by her carer/partner. This may include effects on sexuality, fertility and relationships ▸ Be aware that some women may find regular checkups reassuring while others may associate them with increased anxiety ▸ Provide appropriate support and referral to allied health practitioners

Useful resources

- Cancer Australia has up-to-date evidence-based information about cancer. Visit canceraustralia.gov.au
  - Intimacy and sexuality for women with gynaecological cancer – starting a conversation. This resource has been developed to support women (and their partners) in understanding and addressing issues of intimacy and sexuality following the diagnosis and treatment of gynaecological cancer.
  - Cancer – How are you travelling? This resource provides information about the emotional and social impact of cancer. It has been written for people diagnosed with cancer, their family and friends.
- Optimal care pathway for women with endometrial cancer and Quick reference guide outlines best practice cancer care for women with endometrial cancer. The pathway is designed to promote a full understanding of the patient journey in order to foster quality cancer care from the point of diagnosis. Available at www.cancer.org.au/ocp.

1. Sartori E, Pasinetti B, Chiudinelli F, et al. Surveillance procedures for patients treated for endometrial cancer: a review of the literature. Int J Gynecol Cancer.2010;20(6):985-92.
2. Elit L and Reade CJ. Recommendations for Follow-up Care for Gynecologic Cancer Survivors. Obstet Gynecol.2015;126(6):1207-14.
3. Ward KK, Shah NR, Saenz CC, et al. Cardiovascular disease is the leading cause of death among endometrial cancer patients. Gynecol Oncol.2012;126(2):176-9.
4. Cancer Council Australia. (2016). Optimal care pathways for women with endometrial cancer. Retrieved from www.cancer.org.au/ocp. Accessed: Dec 2019.
5. Fung-Kee-Fung M, Dodge J, Elit L, et al. Follow-up after primary therapy for endometrial cancer. Elit L, Coakley N, reviewers. Cancer Care Ontario; Toronto (ON): 2006 Jan 10. Endorsed 2017 June 12. Program in Evidence-based Care Evidence-based Series No: 4-9 Version 2.